



Quality is Our Bottom Line

Insurance Committee Public Hearing

Thursday, March 13, 2014

Connecticut Association of Health Plans

Testimony Submitted in Opposition to

SB 392 AAC Health Care Provider Network Adequacy

The Connecticut Association of Health Plans respectfully urges the Committee's rejection of SB 392 AAC Health Care Provider Network Adequacy.

SB 392 proposes to remove the network adequacy standards associated with the nationally recognized accrediting bodies of NCQA (National Committee for Quality Assurance) and URAC (Utilization Review Accreditation Commission) and substitute in lieu thereof a state specific process as prescribed by the Department of Insurance in coordination with the Office of the Healthcare Advocate.

First and foremost, we would submit that the national accreditation organizations have the best insight and analytics to determine carrier compliance with such sufficiency measures and a system that provides for national models of health care delivery that are consistent with the prevailing standards of care and that allow for comparison not only across health carriers but states as well.

Likewise, the State Department of Insurance (DOI) is the appropriate regulatory body to oversee such compliance and monitor carrier grievances and complaints that might give rise to the need for DOI intervention. While we respect and appreciate the valuable role played by the Office of the Healthcare Advocate (OHA) in supporting Connecticut's citizens, it is not OHA's statutory purview to act as regulator for the industry. That responsibility belongs appropriately with the DOI.

According to NCQA's website, the:

NCQA Health Plan Accreditation program requires plans to develop reasonable standards for access and availability of services and measure themselves against those standards. More specifically, plans must develop standards for the number and geographic distribution of providers – including primary care, specialty care and behavioral health providers. Plans must also set standards on the ability of members to get care – including regular appointments, urgent care appointments, after hours care and member services by phone. They must collect data and analyze their performance against these standards

using a statically valid methodology at least annually. Plans are also required to assess the cultural, ethnic, racial and linguistic needs of their members and adjust the availability of providers in their network, if necessary. This encourages plans to ensure members have access to providers that fit their preferences, critical for patient-centeredness and good quality. NCQA takes the critical additional step of requiring plans to ask enrollees directly whether they have adequate access to care using the Consumer Assessment of Healthcare Providers and Systems (CAHPS®)16 survey. This is perhaps the most salient measure of network adequacy and helps address the question of whether network providers are actually seeing patients and not merely listed in a directory. The CAHPS survey is the most widely used tool to gauge consumer experience with care.

As is also noted on the NCQA website, the health care delivery system is changing with a new emphasis on quality over quantity of services.

To do just that, Connecticut's carriers have been participating with a number of stakeholders - including the Health Care Advocate - in a planning submission process around application for a Statewide Model Innovation (SIM) Grant under the leadership of the Malloy Administration and more specifically Lt. Governor Wyman. SIM is a laudable proposal which seeks to align all payers (Medicaid, the state employee plan, commercial plans, self-funded plans and Medicare) around a common approach to value-based payment. To quote the Governor's proposed budget, "Rather than simply paying for the volume of services provided, the proposed value-based approach will reward providers who offer higher quality care, while lowering the total cost of care."

Traditional network standards focus on fee-for-service type care which is what appears to be envisioned under SB 392 whereas emerging technologies, models of care and changes in provider payments that enhance access to high quality care may cause us to rethink how we meet standards for network adequacy.

Connecticut's commercial carriers have been generally supportive of the SIM initiative to date and welcome a continued dialogue with the Administration and its partners, but conflicting proposals such as SB 392 bring into question where our industry resources should be focused and to what end - adding complexity and confusion to one of most intense periods in health care policy history. Connecticut carriers need a degree of regulatory certainty in the state in order to best operationalize the goals of health care reform and make the needed investments to carry out that vision.

We urge your rejection of SB 392.